



Department of Health and Human Services
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John E. Baldacci, Governor Brenda M. Harvey, Commissioner

September 28, 2009

TO: Interested Parties

FROM: Anthony Marple, Director, Office of MaineCare Services

SUBJECT: Final Rule: MaineCare Benefits Manual, Chapter III, Section 29, Community Support Benefits for Members with Mental Retardation and Autistic Disorder

The adopted rules specify modifiers that providers will use when the new payment system, MIMHS is implemented. Providers will receive a notice thirty days in advance of the code implementation.

A public hearing was not held, instead a thirty day comment period was offered. The comment deadline was August 14.

Rules and related rulemaking documents may be reviewed at and printed from the Office of MaineCare Services website at http://www.maine.gov/dhhs/oms/rules/provider_rules_policies.html or, for a fee, interested parties may request a paper copy of rules by calling 207-287-9368. For those who are deaf or hard of hearing and have a TTY machine, the TTY number is 1-800-423-4331.

If you have any questions regarding the policy, please contact your Provider Relations Specialist at 624-7539, option 8 or 1-800-321-5557, extension option 8 or TTY: (207)287-1828 or 1-800-423-4331.

Notice of Agency Rule-making Adoption

AGENCY: Department of Health and Human Services, Office of MaineCare Services

CHAPTER NUMBER AND TITLE: MaineCare Benefits Manual, Chapter III, Section 29, Community Support Benefits for Members with Mental Retardation and Autistic Disorder

ADOPTED RULE NUMBER:

CONCISE SUMMARY: The adopted rules specify modifiers that providers will use when the new payment system, MIMHS is implemented. Providers will receive a notice thirty days in advance of the code implementation. Other than providers of these specific services, this rule is not expected to fiscally impact or create new recording burdens for other small businesses and is not expected to yield new costs for municipal or county governments.

See http://www.maine.gov/dhhs/oms/rules/provider_rules_policies.html for rules and related rulemaking documents.

EFFECTIVE DATE: November 1, 2009

AGENCY CONTACT PERSON: Ginger Roberts-Scott, Comprehensive Health Planner

AGENCY NAME: Division of Policy and Performance Services

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10-44 Chapter 101
MAINECARE BENEFITS MANUAL
CHAPTER III

COMMUNITY SUPPORT BENEFITS FOR MEMBERS WITH
MENTAL RETARDATION AND AUTISTIC DISORDERS

SECTION 29

ESTABLISHED: 1/1/08
LAST UPDATED: 11/1/09

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GENERAL PROVISIONS

1000 PURPOSE

The purpose of these regulations is to describe the reimbursement methodology for Home and Community Based Services waiver providers whose services are reimbursed in accordance with Chapters II and III, Section 29, Community Support Benefits for members with Mental Retardation and Autistic Disorders of the MaineCare Benefits Manual. These Principles govern reimbursement for services provided on or after January 1, 2008. All services reimbursed in this section are considered fee for service.

1100 DEFINITIONS

Fee for service- is a method of paying providers for covered services rendered to members. Under this fee-for-service system, the provider is paid for each discrete service described in Appendix I to a member.

Per Diem- A day is defined as beginning at midnight and ending twenty-four (24) hours later.

Week – A week is equal to seven consecutive days starting with the same day of the week as the provider's payroll records, usually Sunday through Saturday.

Year- Services are authorized based on the state fiscal year, July 1 through June 30.

1200 AUTHORITY

The authority of the Department to accept and administer any funds that may be available from private, local, State or Federal sources for services under this Chapter is established in 22 M.R.S.A. §§10, 12, and 3173. The authority of the Department to adopt rules to implement this Chapter is established under 22 M.R.S.A. §§12, 42(I), and 3173.

1300 COVERED SERVICES –Covered Services are defined in Chapter II, Section 29 of the MaineCare Benefits Manual.

1400 REIMBURSEMENT METHODS

Services covered under this section will be reimbursed on a fee for service basis using one of these methods as follows:

A. Standard Unit rate – A Standard unit rate is based on unit of measure for a billing procedure code. Services in the standard rate include:

1. Community Support Services;

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1400 REIMBURSEMENT METHODS (Cont)

2. Employment Specialist Services;
3. Work Support;
4. Home Accessibility Adaptations;
5. Transportation Services;
6. Respite, ¼ hour and per diem.

- B. Prior Approved Price** – DHHS will determine the amount of reimbursement for Home Accessibility Adaptations after reviewing a minimum of two written itemized bids from different vendors submitted by the provider, prior to providing services. The written itemized bids must contain cost of labor and materials, including subcontractor amounts. DHHS will issue an authorization for the approved amount based on the written bids to the provider.
- C. Respite-** Reimbursement for Respite is a quarter (1/4) hour billing code. After 33-quarter hour units of consecutive Respite Services, the provider must bill using the per diem billing code. The quarter hour (1/4) Respite amount billed any single day cannot exceed the Respite per diem rate of one hundred (\$100.00) dollars.

1500 REQUIREMENTS FOR PARTICIPATION IN MAINECARE PROGRAM

Providers must comply with all requirements as outlined in Chapter 1, General Administrative Policies and Procedures and Chapter II, Section 29 of the MaineCare Benefits manual.

1600 RESPONSIBILITIES OF THE PROVIDER

Providers are responsible for maintaining adequate financial and statistical records and making them available when requested for inspection by an authorized representative of the DHHS, Maine Attorney General's Office or the Federal government. Providers shall maintain accurate financial records for these services separate from other financial records.

1700 RECORD KEEPING AND RETENTION OF FINANCIAL RECORDS

Upon request, providers have ten (10) business days to produce fiscal records to DHHS. Complete documentation shall mean clear written evidence of all transactions of the provider and affiliated entities, including but not limited to daily census data, invoices, payroll records, copies of governmental filings, staff schedules, time cards, member service charge schedule and amounts reimbursement by service, or any other record which is necessary to provide DHHS with the highest degree of confidence in the reliability of the costs of providing services. For purposes

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1700 RECORD KEEPING AND RETENTION OF FINANCIAL RECORDS (Cont)

of this definition, affiliated entities shall extend to management and other entities for which any reimbursement is claimed, whether or not they fall within the definition of related parties. The provider shall maintain all such records for at least five (5) years from the date of reimbursement.

1800 BILLING PROCEDURES

Providers will submit claims to MaineCare and be reimbursed at the applicable rate for the service in accordance with MaineCare billing instructions for the CMS 1500 claim form.

When billing for Employment Specialist Services and Work Support Services that are provided in groups of more than one MaineCare member by one direct support staff, the total hours the direct support staff is providing these services should be divided proportionately among the number of members the services is being provided to. Based on the total hours of service provided, the total units of service for the total hours should be divided proportionately between each member in the group. The total amount of units billed for all members should not exceed the total hours of service provided by the direct support staff. For example, if a direct support worker is providing Work Support services to three (3) members at the same time for total of two (2) hours of service provided per day. Based on the proportional time spent with each member, two (2) units would be billed for member A, three (3) units would be billed for member B, and three (3) units would be billed for member C for a total of eight (8) units for two (2) hours of direct services.

1900 AUDIT OF SERVICES PROVIDED

The Department shall monitor provider's claims for reimbursement by randomly reviewing the claim for services and verifying hours actually provided by collecting documentation from providers. Documentation will be requested from providers that correspond to dates of service on claims submitted for reimbursement as follows:

- A. Payroll Records – Documentation showing the number of hours paid to an employee that covers the period of time for which the Direct Care hours are being requested.
- B. Staffing Schedules per facility – Documentation showing the hours and the name of the direct care staff scheduled to work at the facility.
- C. Member Records - Documentation that supports the service delivery of services that a member received.

2000 RECOVERY OF PAYMENTS

The Department may recover any amounts due the Department based on Chapter I of the MaineCare Benefits Manual.

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APPENDIX I

PROCEDURE CODE	SERVICE	MAXIMUM ALLOWANCE
T2021	Community Support (Day Habilitation)-	\$ 5.39 ¼ hour
T2021	Community Support (Day Habilitation)- with Medical Add-On	\$ 6.72 ¼ hour
T2021 SC	Community Support (Day Habilitation)- with Medical Add-On **	\$6.72 ¼ hour
T2021	Community Support (Day Habilitation)- with Behavioral Add-On	\$ 6.04 ¼ hour
T2019	Employment Specialist Services (Habilitation, Supported Employment waiver)	\$ 7.57 ¼ hour
T2019	Employment Specialist Services (Habilitation, Supported Employment waiver)- with Medical Add-On	\$ 8.84 ¼ hour
T2019 SC	Employment Specialist Services (Habilitation, Supported Employment waiver)- with Medical Add-On **	\$ 8.84 ¼ hour
T2019	Employment Specialist Services (Habilitation, Supported Employment waiver)- with Behavioral Add-On	\$ 8.19 ¼ hour
H2023	Work Support (Supported Employment)	\$ 7.05 ¼ hour
H2023	Work Support (Supported Employment)- with Medical Add-On	\$ 8.32 ¼ hour
H2023 SC	Work Support (Supported Employment)- with Medical Add-On **	\$ 8.32 ¼ hour
H2023	Work Support (Supported Employment)- with Behavioral Add-On	\$ 7.67 ¼ hour
S5165	Home Accessibility Adaptations	Per invoice
S5165 CG	Home Accessibility Adaptations repairs **	Per invoice
T2003	Transportation	\$.62 per mile
T2003 U4	Transportation **	\$.62 per mile
S5150	Respite- ¼ hour	\$ 3.00 ¼ hour
S5151	Respite- Per Diem	\$100.00 per diem

**** These changes will become effective upon implementation of MIHMS. Providers will be notified at least thirty (30) days prior to the effective date.**